

Cincinnati Recreation Commission
Athletic Division
805 Central Ave. Suite 800
Cincinnati, OH 45202
Phone (513) 352-4020, Fax (513) 352-1605
www.cincyrec.org

Report of Accidents to Participants

Facility Name _____

Area _____ Date & Time of Accident _____
(field #, court #)

Name _____ Telephone (Day) _____ (Evening) _____

Address _____ City/State _____ Zip _____

Date of Birth _____ Age _____ Sex _____ Race _____

Witnesses:

Name _____ Address _____ Telephone _____

Name _____ Address _____ Telephone _____

Nature of Injury

Part of Body Injured

_____ Abrasion _____ Laceration _____ Head _____ Arm (R or L)

_____ Bruise/Bump _____ Other _____ Neck _____ Hand (R or L)

_____ Burn _____ Trunk _____ Leg (R or L)

_____ Fracture/Sprain/Strain _____ Multiple _____ Foot (R or L)

_____ Other _____

Description of Accident: (How did it happen? What was participant doing? Where was participant?

Specify any apparatus or equipment involved and location of accident.)

Staff Person Present When Accident Occurred: _____

Action Taken _____

First Aid Treatment Rendered By: _____

Describe First Aid Treatment: _____

Was EMS called? Yes _____ No _____ Time Called _____ Arrival Time _____

Action taken: _____

Was Parent/Guardian or Emergency Contact Notified? Yes _____ No _____

Name _____ Telephone _____ Contacted By _____

Additional Comments: _____

Name and Title of Person Making Report _____ Date _____

